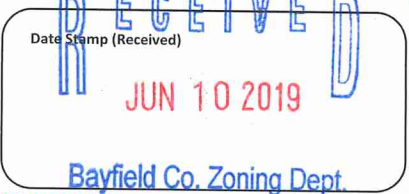


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



\$250 LU \$50 Reconnect

|              |               |
|--------------|---------------|
| Permit #:    | 19-0232       |
| Date:        | 7-16-19       |
| Amount Paid: | \$250 6-10-19 |
| Refund:      | \$250         |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|   |   |   |  |
|---|---|---|--|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |   |   |  |
| Owner's Name:<br>Michael G LeBard   | Mailing Address:<br>5425 Hammond Ave    | City/State/Zip:<br>Superior, WI 54880           | Telephone:<br>Cell Phone: 218 - 590-3470   |
| Address of Property:<br>5005 Lake Ahnapee Rd  | City/State/Zip:<br>Iron River, WI 54847 |   |  |
| Contractor:<br>Self / LeBard Const  | Contractor Phone:<br>218 590 3470       | Plumber:<br>A. G. O'Brien Plumbing & Heating    | Plumber Phone:<br>218 729 9774   |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))  | Agent Phone:                            | Agent Mailing Address (include City/State/Zip): | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT LOCATION<br>SW 1/4, NE 1/4  | Legal Description: (Use Tax Statement)  | Tax ID# (4-5 digits)<br>18747 37804             | Recorded Deed (i.e. # assigned by Register of Deeds)<br>Document #: 20182 R- 572936        |
| Gov't Lot<br>5  | Lot(s)<br>1                             | CSM<br>2037                                     | Vol & Page<br>12/76  |
| Section 26, Township 47 N, Range 9 W  |   | Town of:<br>Hughes                              | Lot Size<br>204,600  |
|   |   |   | Acres<br>4.70  |

|  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> Shoreland →   | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →  | Distance Structure is from Shoreline : 80 feet    |  |  |
| <input type="checkbox"/> Non-Shoreland |   |   |  |  |

| Value at Time of Completion<br>* include donated time & material | Project  | # of Stories and/or basement                    | Use  | # of bedrooms  | What Type of Sewer/Sanitary System Is on the property?                      | Water                                    |
|--|--|---|--|--|---|--|
| \$ 80,000  | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story     | <input type="checkbox"/> Seasonal              | <input type="checkbox"/> 1                           | <input type="checkbox"/> Municipal/City                                     | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft         | <input checked="" type="checkbox"/> Year Round | <input checked="" type="checkbox"/> 2                | <input type="checkbox"/> (New) Sanitary Specify Type: _____                 | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story                | <input type="checkbox"/> _____                 | <input type="checkbox"/> 3                           | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Seepage | <input type="checkbox"/> _____           |
|  | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> Basement               |  | <input type="checkbox"/> _____                       | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)            |  |
|  | <input type="checkbox"/> Run a Business on Property  | <input checked="" type="checkbox"/> No Basement |  | <input type="checkbox"/> None                        | <input type="checkbox"/> Portable (w/service contract) 149807               |  |
|  | <input type="checkbox"/> _____                       | <input type="checkbox"/> Foundation             |  |  | <input type="checkbox"/> Compost Toilet Holding 1000 gal                    |  |
|  | <input checked="" type="checkbox"/> Slab             |   |  | <input type="checkbox"/> None Lift pump tank 500 gal |   |  |

|   |             |            |             |
|---|-------------|------------|-------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length:     | Width:     | Height:     |
| Proposed Construction:  | Length: 50' | Width: 34' | Height: 14' |

| Proposed Use                             | ✓                                   | Proposed Structure  | Dimensions    | Square Footage |
|--|-------------------------------------|---|---------------|----------------|
| <input type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> | Principal Structure (first structure on property)   | ( 50' x 34' ) | 1500           |
|  | <input checked="" type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.)   | ( X )         | 1700           |
|  |                                     | with Loft   | ( X )         |                |
|  |                                     | with a Porch  | ( 8' x 24' )  | 192            |
|  |                                     | with (2 <sup>nd</sup> ) Porch   | ( X )         |                |
|  |                                     | with a Deck   | ( X )         |                |
| <input type="checkbox"/> Commercial Use  |                                     | with (2 <sup>nd</sup> ) Deck  | ( X )         |                |
|  |                                     | with Attached Garage  | ( X )         |                |
| <input type="checkbox"/> Municipal Use   | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities ) | ( X )         |                |
|  | <input type="checkbox"/>            | Mobile Home (manufactured date) _____   | ( X )         |                |
|  | <input type="checkbox"/>            | Addition/Alteration (specify) _____   | ( X )         |                |
|  | <input type="checkbox"/>            | Accessory Building (specify) _____  | ( X )         |                |
|  | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____  | ( X )         |                |
|  | <input type="checkbox"/>            | Special Use: (explain) _____  | ( X )         |                |
|  | <input type="checkbox"/>            | Conditional Use: (explain) _____  | ( X )         |                |
|  | <input type="checkbox"/>            | Other: (explain) _____  | ( X )         |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Michael G LeBard Date 6/6/2019  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

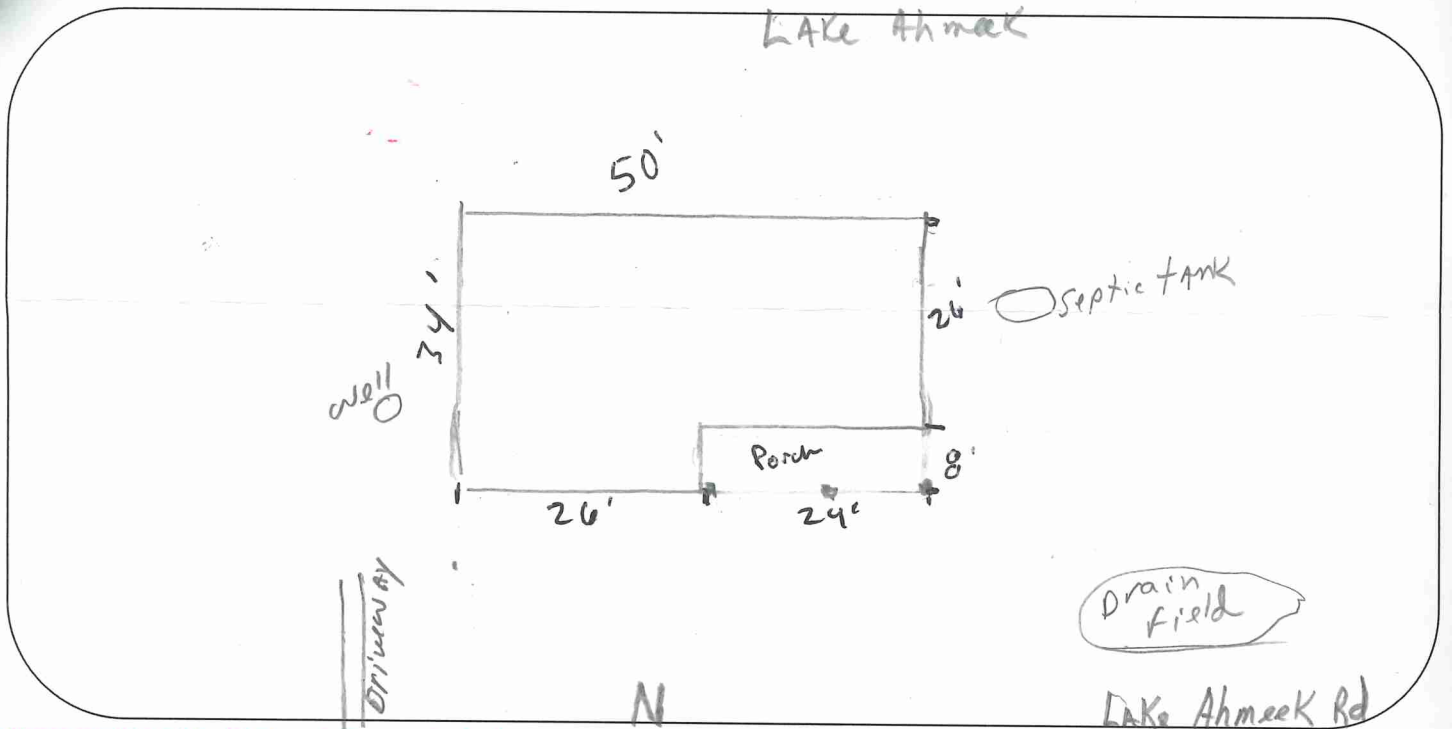
Address to send permit 5425 Hammond Ave Superior, WI 54880  
Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



HOW: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\* Driveway and (\* Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\* Well (W); (\* Septic Tank (ST); (\* Drain Field (DF); (\* Holding Tank (HT) and/or (\* Privy (P)  
(6) Show any (\*): (\* Lake; (\* River; (\* Stream/Creek; or (\* Pond  
(7) Show any (\*): (\* Wetlands; or (\* Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement   |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 444 Feet    | Setback from the Lake (ordinary high-water mark) | 75 <del>80</del> Feet   |
| Setback from the Established Right-of-Way   | 411 Feet    | Setback from the River, Stream, Creek            | NA Feet   |
|   |             | Setback from the Bank or Bluff                   | NA Feet   |
| Setback from the North Lot Line             | 444 Feet    |  |   |
| Setback from the South Lot Line             | 80 Feet     | Setback from Wetland                             | Feet  |
| Setback from the West Lot Line              | 230 Feet    | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 230 Feet    | Elevation of Floodplain                          | Feet  |
|   |             |  |   |
| Setback to Septic Tank or Holding Tank      | 12 Feet     | Setback to Well                                  | 14 Feet   |
| Setback to Drain Field                      | 300 Feet    |  |   |
| Setback to Privy (Portable, Composting)     | Feet        |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Issuance Information (County Use Only)  |   | Sanitary Number: 149807   | # of bedrooms: 2  | Sanitary Date: 5/20/1991                |   |
| Permit Denied (Date):   |   | Reason for Denial:  |   |   |   |
| Permit #: 19-0232   |   | Permit Date: 7-16-19  |   |   |   |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Parcel in Common Ownership   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Structure Non-Conforming             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)  |   | Previously Granted by Variance (B.O.A.)                               |   |   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |   |   |
| Case #: NA  |   | Case #: NA  |   |   |   |
| Was Parcel Legally Created  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Proposed Building Site Delineated   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Inspection Record: Existing M.H. to be replaced deck is 75' from OHWM |   |   |   |
| Date of Inspection: 7/12/19   |   | Inspected by: Robert Schirman   |   | Date of Re-Inspection:                  |   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) |   |   |   |   |   |
| Structure can be no closer than 75' to OHWM. Must Contact Local Uniform Dwelling Code (UDC) inspection Agency and Secure a UDC Permit as required by State Statute. |   |   |   |   |   |
| Signature of Inspector:   |   | Date of Approval: 7/16/19   |   |   |   |
| Hold For Sanitary: <input type="checkbox"/>   |   | Hold For TBA: <input type="checkbox"/>                                | Hold For Affidavit: <input type="checkbox"/>                        | Hold For Fees: <input type="checkbox"/> |   |

wn, City, Village, State or Federal  
permits May Also Be Required

LAND USE – **X**  
SANITARY – **Reconnect (149807)**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **19-0232** Issued To: **Michael Lebard**

Location: - ¼ of - ¼ Section **26** Township **47** N. Range **9** W. Town of **Hughes**  
Gov't Lot Lot **1** Block Subdivision CSM# **2037**

For: **Residential Use: [ 1 - Story, Residence (50' x 34') = 1,700 sq. ft.; Porch (8' x 24') = 192 sq. ft. ]**  
**Total Overall = 1,892 sq. ft.**

Condition(s): **Structure can be no closer than 75' to OHWM. Must contact local Uniform Dwelling Code (UDC) inspection agency and secure a UDC permit as required by State Statute.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**July 16, 2019**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

Temp  
APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUL 02 2019

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

19-0003T

Date:

7-16-19

Amount Paid:

\$50 7-10-19

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|   |  |
|---|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input checked="" type="checkbox"/> OTHER Temporary |  |
| Owner's Name: <u>Michael &amp; LeBarde</u>  |  |
| Mailing Address: <u>5425 Hammond Ave Superior, WI 54880</u>   |  |
| City/State/Zip: <u>Superior, WI 54880</u>   |  |
| Telephone: <u>218 590-3470</u>  |  |
| Address of Property: <u>5005 Lake Ahmeek Rd</u>   |  |
| City/State/Zip: <u>Iron River, WI 54847</u>   |  |
| Cell Phone: <u>218 590-3470</u>   |  |
| Contractor: <u>Self / LeBarde Const</u>   |  |
| Contractor Phone: <u>218 590 3470</u>   |  |
| Plumber: <u>A.G. O'Brien Plumbing &amp; Heating</u>   |  |
| Plumber Phone: <u>218 729 9724</u>  |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))  |  |
| Agent Phone: <u></u>  |  |
| Agent Mailing Address (include City/State/Zip): <u></u>   |  |
| Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| PROJECT LOCATION  | Legal Description: (Use Tax Statement) |
| <u>SW 1/4, NE 1/4</u>   | <u>Gov't Lot 5</u>                     |
| <u>Lot(s) 1</u>   | <u>CSM 2037</u>                        |
| <u>Vol &amp; Page 12/76</u>   | <u>Lot(s) No. 1</u>                    |
| <u>Block(s) No.</u>   | <u>Subdivision:</u>                    |
| Section <u>26</u> , Township <u>17</u> N, Range <u>9</u> W  | Town of: <u>Hughes</u>                 |
| Lot Size <u>204,600</u>   | Acreage <u>4.70</u>                    |

|  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Shoreland →   | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <u>If yes—continue →</u> | Distance Structure is from Shoreline: _____ feet      | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>If yes—continue →</u>  | Distance Structure is from Shoreline: <u>110</u> feet |   |   |
| <input type="checkbox"/> Non-Shoreland |  |   |   |   |

| Value at Time of Completion<br>* include donated time & material | Project  | # of Stories and/or basement                    | Use   | # of bedrooms                         | What Type of Sewer/Sanitary System Is on the property?                                    | Water                         |
|--|--|---|---|---------------------------------------|---|-------------------------------|
| \$ <u>None</u>   | <input type="checkbox"/> New Construction                    | <input type="checkbox"/> 1-Story                | <input type="checkbox"/> Seasonal             | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City |
|  | <input type="checkbox"/> Addition/Alteration                 | <input type="checkbox"/> 1-Story + Loft         | <input type="checkbox"/> Year Round           | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                          | <input type="checkbox"/> 2-Story                | <input checked="" type="checkbox"/> Temporary | <input type="checkbox"/> 3            | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____                            | <input type="checkbox"/>      |
|  | <input checked="" type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement               |   | <input type="checkbox"/>              | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |                               |
|  | <input type="checkbox"/> Run a Business on Property          | <input checked="" type="checkbox"/> No Basement |   | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    |                               |
|  | <input type="checkbox"/>                                     | <input type="checkbox"/> Foundation             |   |                                       | <input type="checkbox"/> Compost Toilet   |                               |
|  |  |   |   |                                       | <input checked="" type="checkbox"/> None  |                               |

|   |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: <u>50'</u> | Width: <u>14'</u> | Height: <u>9'</u> |
| Proposed Construction:  | Length:            | Width:            | Height:           |

| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions  | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )       |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )       |                |
|   |                                     | with Loft  | ( X )       |                |
|   |                                     | with a Porch   | ( X )       |                |
|   |                                     | with (2 <sup>nd</sup> ) Porch  | ( X )       |                |
|   |                                     | with a Deck  | ( X )       |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2 <sup>nd</sup> ) Deck   | ( X )       |                |
|   |                                     | with Attached Garage   | ( X )       |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|   | <input checked="" type="checkbox"/> | Mobile Home (manufactured date) <u>1998</u>  | ( 14 X 50 ) | <u>700</u>     |
|   | <input type="checkbox"/>            | Addition/Alteration (specify) _____  | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building (specify) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                |
|   | <input checked="" type="checkbox"/> | Other: (explain) <u>Camp in while building house</u>   | ( X )       |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Michael & LeBarde  
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Date 6/26/19

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit 5425 Hammond Ave Superior, WI 54880

Attach  
Copy of Tax Statement

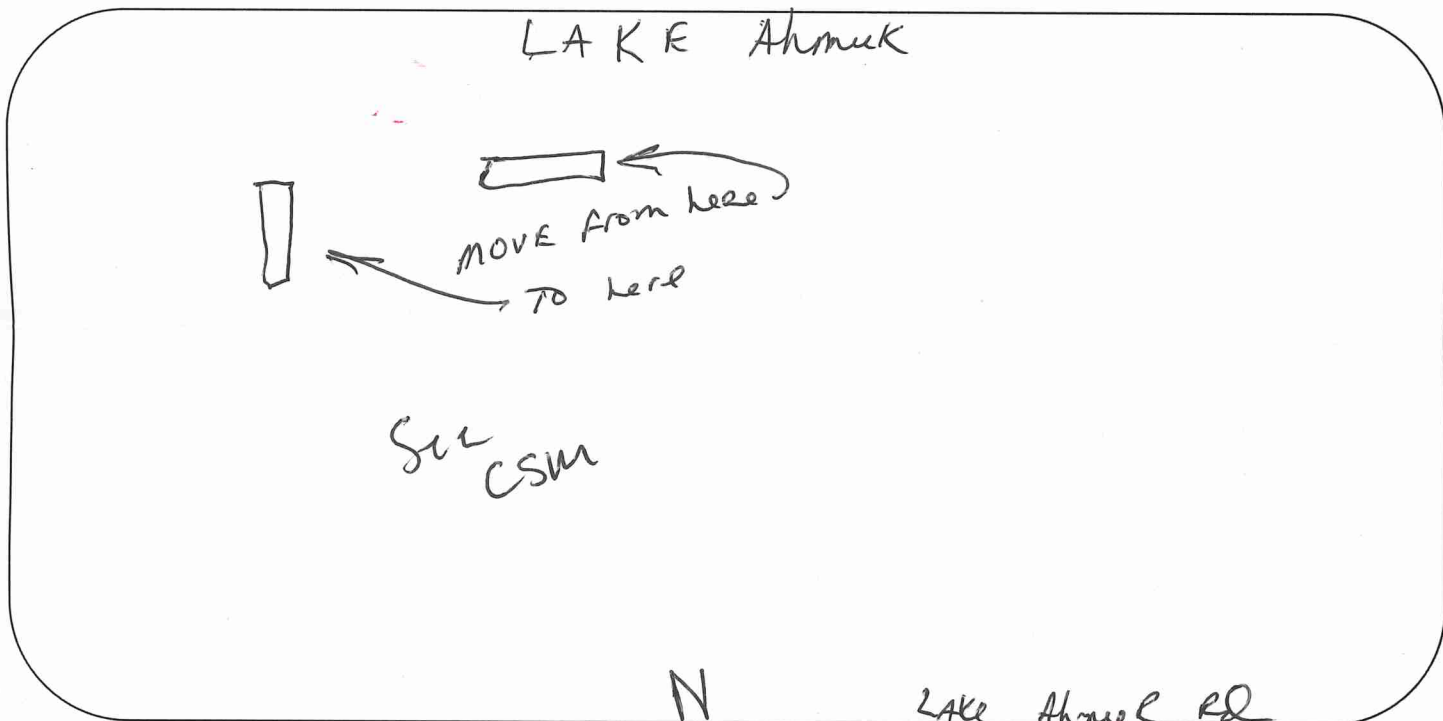
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description                                 | Measurement |      | Description                                      | Measurement   |
|---|-------------|------|--|---|
| Setback from the Centerline of Platted Road | 450         | Feet | Setback from the Lake (ordinary high-water mark) | 110 Feet  |
| Setback from the Established Right-of-Way   | 427         | Feet | Setback from the River, Stream, Creek            | NA Feet   |
|   |             |      | Setback from the Bank or Bluff                   | NA Feet   |
| Setback from the North Lot Line             | 515         | Feet |  |   |
| Setback from the South Lot Line             | 118         | Feet | Setback from Wetland                             | NA Feet   |
| Setback from the West Lot Line              | 281         | Feet | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 35          | Feet | Elevation of Floodplain                          | Feet  |
|   |             |      |  |   |
| Setback to Septic Tank or Holding Tank      | NA          | Feet | Setback to Well                                  | 75 Feet   |
| Setback to Drain Field                      |             | Feet |  |   |
| Setback to Privy (Portable, Composting)     |             | Feet |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

|   |   |  |   |  |   |
|---|---|--|---|--|---|
| <b>Issuance Information (County Use Only)</b>   |   | Sanitary Number: 149 807   | # of bedrooms: 2  | Sanitary Date: 5/20/1991                     |   |
| Permit Denied (Date):   |   | Reason for Denial:   |   |  |   |
| Permit #: 19-0003T  |   | Permit Date: 2-16-19   |   |  |   |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No          | Mitigation Required  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership   | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |  |   |  |   |
| Granted by Variance (B.O.A.)  |   | Previously Granted by Variance (B.O.A.)  |   |  |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA |   |  |   |
| Was Parcel Legally Created  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Were Property Lines Represented by Owner                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Proposed Building Site Delineated   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           |  |   |  |   |
| Inspection Record: Existing 1998 M.H. To be Moved and used while New Cabin is built.  |   |  |   | Zoning District ( R1 )                       |   |
|   |   |  |   | Lakes Classification ( 2 )                   |   |
| Date of Inspection: 7/12/19   |   | Inspected by: Robert Schierman   |   | Date of Re-Inspection:                       |   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) |   |  |   |  |   |
| Temporary Placement only Must Remove within 12 months of issuance. May be renewed for additional 6 Months with new Application and fee                            |   |  |   |  |   |
| Signature of Inspector: [Signature]   |   |  |   | Date of Approval: 7/16/19                    |   |
| Hold For Sanitary: <input type="checkbox"/>   |   | Hold For TBA: <input type="checkbox"/>   |   | Hold For Affidavit: <input type="checkbox"/> |   |
| Hold For Fees: <input type="checkbox"/>   |   |  |   |  |   |

own, City, Village, State or Federal  
Permits May Also Be Required

## TEMPORARY

LAND USE – **X**

SANITARY – **149807 (5/20/1991)**

SIGN –

SPECIAL –

CONDITIONAL –

BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **19-0003T** Issued To: **Michael Lebard**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **26** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot                      Lot **1**                      Block                      Subdivision                      CSM# **2037**

For: **Residential Use:** [Temporary permit allowing existing structure for a period of less than 1 year]  
**1 - Story, Mobile Home (14' x 50') = 700sq. ft.]**

Condition(s): **Temporary placement only. Must remove within 12 months of issuance. May be renewed for additional 6 months with new application and fee. Must be removed by July 16, 2020**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**July 16, 2019**

Date